

# Laboratory Accident Report Form

This form is to be filled out by the responsible faculty member and filed with the Department Health and Safety Coordinator and EH&S.				
Name		Date		
Social Security #		Student, Staff, or Faculty		
Department		Date/Time of Incident		
Campus Address		Campus Telephone		
Home (Local) Address		Home Phone #		
Cause of Injury		Type of Injury		
Medical Facility		Ambulance Needed	YES	NO
Physician:				
Investigating EH&S Personnel:				
Witnesses				
Name	Address	Phone #		
Has Notice of Injury Report been filed with Personnel Office?		YES	NO	
Brief description of incident (include the use of personal protective equipment, fume hood, safety shower and/or fire extinguisher)				
<i>Name of Faculty Member</i>		<i>Signature of Faculty Member</i>		